

2001 UNIFORM BUSINESS REPORT (UBR) AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
01 OCT 19 PM 1:32

DOCUMENT # 1. Entity Name 999000088284 CYBERNET 2000 Corp.		Principal Place of Business 2875 N.E. 191ST SUITE 401 AVENTURA, FL, 33180		Mailing Address 2875 N.E. 191ST SUITE 401 AVENTURA, FL, 33180	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 65-0963785	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YAIR SHALEV-SZLAIFER 19458 E. COUNTRY CLUB DRIVE AVENTURA, FL, 33180			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE		(NOTE: Registered Agent signature required when reissuing)		DATE 10/15/01	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS: \$150.00 After MAY 1, 2001, Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE S/T NAME STREET ADDRESS CITY-ST-ZIP	BRIAN SHERMAN 2999 NE 191ST SUITE 700 AVENTURA, FL, 33180	<input checked="" type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DAVID KRONRAD 2875 NE 191ST SUITE 401 AVENTURA, FL, 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	RONEN SHALEV 16483 NE 27TH AVE N.M.B, FL, 33160	<input checked="" type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	YAKIR DANNON 2320 NE 21TH STREET N.M.B, FL, 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE P/S NAME STREET ADDRESS CITY-ST-ZIP	YAIR SHALEV-SZLAIFER 19458 E. COUNTRY CLUB DR. AVENTURA, FL, 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	JONATHAN RABINOWITZ 3370 NE 190TH STREET #801 AVENTURA, FL, 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300004669693 -11/06/01--01083--005 *****61.25 *****61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		YAIR SHALEV		DATE 10/15/01 DAYTIME PHONE # 305-692-1874	

CR2E034 (11/00)